

Fill in this information to identify the case:

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Debtor 1 Lynda E. Thomas

Debtor 2 \_\_\_\_\_

(Spouse, if filing)

United States Bankruptcy Court for the EASTERN District of PENNSYLVANIA

Case number 15-16682-elf**Official Form 410S2****Notice of Postpetition Mortgage Fees, Expenses, and Charges**

12/16

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: LSF10 MASTER PARTICIPATION TRUST

Court claim no. (if known): 3-1

Last 4 digits of any number you use to  
identify the debtor's account: 0612

Does this notice supplement a prior notice of postpetition  
fees, expenses, and charges?

☐ No

☒ Yes. Date of the last notice: 10/19/2018

**Part 1: Itemize Postpetition Fees, Expenses, and Charges**

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case. If the court has previously approved an amount, indicate that approval in parentheses after the date the amount was incurred.

	<u>Description</u>	<u>Date Incurred</u>	<u>Amount</u>
1	Late Charges	(1)	\$0.00
2	Non-sufficient funds (NSF) fees	(2)	\$0.00
3	Attorneys fees	(3)	\$0.00
4	Filing fee and court costs	(4)	\$0.00
5	Bankruptcy/Proof of claim fees	(5)	\$0.00
6	Appraisal/Broker's Price opinion fees	(6)	\$0.00
7	Property inspection fees	(7)	\$0.00
8	Tax Advances (non-escrow)	(8)	\$0.00
9	Insurance advances (non-escrow)	9/20/2019 (9)	\$368.00
10	Property preservation expenses	(10)	\$0.00
11	Other. Specify:	(11)	\$0.00
12	Other. Specify:	(12)	\$0.00
13	Other. Specify:	(13)	\$0.00
14	Other. Specify:	(14)	\$0.00

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid.  
See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1 Lynda E. Thomas

Print Name Middle Name Last Name

**Part 2: Sign Here**

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

☐ I am the creditor

☒ I am the creditor's authorized agent.

**I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.**

**X** /s/ Sindi Mncina  
Signature

Date 09/24/2019

Print Sindi Mncina  
First Name Middle Name Last Name

Title Bankruptcy Attorney

Company RAS Crane, LLC

Address 10700 Abbott's Bridge Road, Suite 170  
Number Street

Duluth, GA 30097  
City

State ZIP Code

Contact Phone 470-321-7112

Email smncina@rascrane.com

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that on September 25, 2019,

I electronically filed the foregoing with the Clerk of Court using the CM/ECF system, and a true and correct copy has been served via CM/ECF or United States Mail to the following parties:

CHRISTOPHER G. CAPPIO  
CHRISTOPHER G. CAPPIO, ESQ.  
PO BOX 296  
GLASSBORO, NJ 08028

LYNDA E. THOMAS  
906 PINE ROAD  
SHARON HILL, PA 19079

WILLIAM C. MILLER, ESQ.  
P.O. BOX 1229  
PHILADELPHIA, PA 19105

UNITED STATES TRUSTEE  
OFFICE OF THE U.S. TRUSTEE  
200 CHESTNUT STREET  
SUITE 502  
PHILADELPHIA, PA 19106

RAS Crane, LLC  
Authorized Agent for Secured Creditor  
10700 Abbott's Bridge Road, Suite 170  
Duluth, GA 30097  
Telephone: 470-321-7112  
Facsimile: 404-393-1425

By: /s/ Claude Kamgna  
Claude Kamgna  
email:ckamgna@rascrane.com



HISTORY OF ACCOUNT  
FORCE PLACED CHARGES

LYNDA THOMAS  
ROGER THOMAS  
906 PINE ROAD  
SHARON HILL, PA 19079

ACCOUNT [REDACTED]  
09/23/2019  
REPORT ID [REDACTED]

THIS IS A STATEMENT OF YOUR FORCE PLACED CHARGES  
FROM 11/21/2016 TO 09/30/2019

Fee Code	Description	Amount Paid	Bill Paid Date	Amount Outstanding
164	ESC FORCED PLACED TAX	\$8.00	11/21/2016	
164	ESC FORCED PLACED TAX	\$787.06	11/21/2016	
164	ESC FORCED PLACED TAX	\$933.53	11/21/2016	
165	ESC FORCED PLACED INS	\$368.00	11/25/2016	
164	ESC FORCED PLACED TAX	\$817.39	06/28/2018	
164	ESC FORCED PLACED TAX	\$182.34	06/28/2018	
165	ESC FORCED PLACED INS	\$368.00	09/25/2018	
165	ESC FORCED PLACED INS	\$368.00	09/20/2019	\$368.00

Description	Amounts
Flood Balance	\$0.00
Insurance Balance	\$368.00
Tax Balance	\$0.00
Overall Balance	\$368.00